		DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH CHILD CARE FACILITY INSPECTION REPORT									
REA	SON /	GRADE	Inspection Date:		ESTABLISHMENT NAME:						
Regular	<b>J</b>	]	12/5/18 Time In/Out: 10:05 AM 11:00 AM		THE GIVING TREE CHILDREN'S ACADEMY						
Follow-Up					OWNER/OP	OWNER/OPERATOR:					
Complaint						TAMONDONG, MAELONIE					
Investigati	ion	RATING			LOCATION:	log wi	DO ST.	Establish	ment Type:		
Other:			Sanitary Permit No.: 20000- 1500032		NCS (	7					
					PERMIT STATUS:ValidTemporaryExpired						
No. of Child	ren: <u>الأ</u>	_ Male _ 19_	.Female <u><i>3</i>7</u>	_Total	Child Care License: No.: 170140 / Valid / / Provisional / / Expired						
The following items identify violations found this day in the operations and facilities wh inspection or sooner as the Department indicates. Non-compliance may result in downgra a written request for hearing must be submitted before the indicated ITEM*  REMARKS								nich must bading or pe	e corrected rmit suspen date.	by the next	
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	PREVI	NI SUO	SPECTIO	N Cor	NDUCTED	ON	9/24/	18 (0	A).		
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	THE FOLLOWING WAS OBSERVED:										
	1715	FULLONI	140 011	088	PERVEIZ .						
	NO VIOLATIONS										
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	"A" PLACARD # 02795 ISSUED.										
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					on(s) and I am				asures to b	oe taken.	
			lowing items corrected wi	s are	Received B	11.0	- 17	1			
Cited at		of this ins		_	DEH IDODOG		unch	ux.			
(2), (4), (6),			27), (28), (39)	& (40).	DEH Inspec	roi (Ivan	THE & TITLE		li:		

Rev: 08/2/05 DEH-06